

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 03/27/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 03/30/2006							
		FINANCIAL PAYER: NCMMH							

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	56	DUPLICATE OF CLAIM-SYSTEM	16	189	2083	1894
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	5312	140	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	557	5017	4460
		21	50	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	2583	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1281	DUPLICATE OF CLAIM-SYSTEM	3	4763	4763	0
		8518	216	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404923	FIVE COUNTY MH	8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	172	4365	4193
		8000	27	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	826	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	413	DUPLICATE OF CLAIM-SYSTEM	66	2073	5467	3394
		8599	205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	28	SERVICE REQUIRES PRIOR APPROVA L	4	178	1883	1705
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8505	513	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	135	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR EOS (JULY 1 - JUNE	8	914	3207	2293
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	36	41	5
3404931	WAKE CO HUM SVC BILLING OF	8599	389	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	156	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	234	1400	13695	12295
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8621	24	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	68	1345	1277
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLow CARTERET BEHAV HEAL	8599	1301	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	534	DUPLICATE OF CLAIM-SYSTEM	124	3921	7049	3128
		10	499	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	19	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	26	594	568
		8537	1	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404937	EDGEcombe NASH MNTL HLTH C	21	19	DUPLICATE OF CLAIM-SYSTEM				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	26	361	335
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	62	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	78	474	396
3404941	PITT CO MH/DD/S AS CENTER	8599	566	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	564	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	1748	4216	2468
		11	169	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANN UMAN SERVIC	8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	36	1252	1216
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8931	188	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		79	127	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	319	708	2693	1985
		8935	126	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	4901	DUPLICATE OF CLAIM-SYSTEM				
		79	1288	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	114	7979	9122	1143
		8599	876	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8518	362	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	255	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	64	939	1794	855
		8935	57	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	63	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	11	SERVICE REQUIRES PRIOR APPROVA	1	97	1562	1465
				L				
		8505	9	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404979	NEW RIVER AREAM	8800	356	FURTHER PROCESSING NECESSARY,				
	H/DD/SA PRO			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8505	339	CLAIM DENIED DUE TO INSUFFICIE	0	717	751	34
				NT BUDGET				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				